Idaho Time Sensitive Emergency Program

Level II Trauma Center

Application & Resource Tool Kit

P.O. Box 83720
Boise, ID 83720-0036

Phone: (208) 334-4000
Fax: (208) 334-4015

E-mail: tse@dhw.idaho.gov
Website: http://tse.idaho.gov/

IDAHO DEPARTMENT OF HEALTH & WELFARE

Table of Contents

TSE Frequently Asked Questions Page 3

Application Process Page 5

Application: Page 7

A. Hospital and Personnel Profile Page 7

B. Certification Statement Page 8

C. Pre-Survey Questionnaire Page 9

Additional Resources Page 66

TSE Frequently Asked Questions

Why a TSE program?

The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life of the patient.

How does the TSE program work?

The Idaho Department of Health and Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of health care providers, EMS agencies, and administrators of hospitals representing both urban and rural populations is responsible for establishing Rules and Standards for the TSE system. The Council is the statewide governing authority of the system.

The state has been divided into six regions. Each of these has a Regional TSE Committee made up of EMS providers, hospital providers and administrators, and public health agencies. The regional committees will be the venue in which a wide variety of work is conducted such as education, technical assistance, coordination, and quality improvement. The Regional TSE Committees will have the ability to establish guidelines that best serve their specific community in addition to providing a feedback loop for EMS and hospital providers.

What guiding principles are the foundation of the TSE system?

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wishing to participate;
- Ensure that designated centers institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for time sensitive emergencies;
- Participation is voluntary; and
- Data are collected and analyzed to measure the effectiveness of the system.

How often does a center need to be verified?

Every three years.

How much does it cost to be verified and designated?

Verification is done once every three years. The on-site survey fee is $3,000 and must be submitted with the application (On-site survey fee is waved if using ACS for verification). Designation is valid for three years. The designation fee may be paid in three annual payments of $12,000 or in one payment of $36,000.

Whom do I contact if I have questions about the application process?

Idaho Time Sensitive Emergency Program

P.O. Box 83720

Boise, ID 83720-0036

tse@dhw.idaho.gov

http://tse.idaho.gov/

Program Manager

Christian Surjan

surjanc@dhw.idaho.gov

(208) 334-6564

Program Specialist

Nicole Noltensmeyer

noltensn@dhw.idaho.gov

(208) 334-2124

Administrative Assistant

Beth Sturdevant

sturdevb@dhw.idaho.gov

(208) 334-4904

Application Process

To apply for designation as a Level II Trauma Center in Idaho **using the ACS**:

1. Print and complete the application. Submit one application per facility. A completed application includes:
    A. Facility and Personnel Profile;
    B. Certification Statement;
    C. A copy of the pre-review questionnaire (PRQ) from the ACS; and
    D. A copy of the ACS site review

2. Obtain the required signatures on the Certification Statement.
3. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification, PRQ, and ACS site review.
4. Mail the completed application and year one designation fee ($12,000) to:

    Make checks payable to: Bureau of EMS and Preparedness

    Bureau of EMS and Preparedness
    Time Sensitive Emergency Program
    P.O. Box 83720
    Boise, ID 83720-0036

    Or for FedEx, UPS, etc.:
    2224 E. Old Penitentiary Road
    Boise, ID 83712

TSE Program staff will notify you within 10 business days of receipt of the application and confirm that the application is complete.

Application Process

To apply for designation as a Level II Trauma Center **using the State of Idaho for verification:**

1. Complete and print the application. Submit one application per facility. A completed application includes:
    A. Facility and Personnel Profile;
    B. Certification Statement;
    C. Pre-Survey Questionnaire; and
    D. Required Attachments
2. Obtain the required signatures on the Certification Statement.
3. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification, (PSQ) Pre-Survey Questionnaire, and Attachments.
4. Mail the completed application and on-site survey fee ($3,000) to:

    Make checks payable to: Bureau of EMS and Preparedness

    Bureau of EMS and Preparedness
    Time Sensitive Emergency Program
    P.O. Box 83720
    Boise, ID 83720-0036

    Or for FedEx, UPS, etc.:
    2224 E. Old Penitentiary Road
    Boise, ID 83712

TSE Program staff will notify you within 10 business days of receipt of the application and confirm that the application is complete.

Application for Level IV Trauma Center Designation

A. Hospital and Personnel Profile

Hospital Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact and Title:		
Phone:	E-Mail:	

Hospital Administrator/Chief Executive Officer:	
Phone:	E-Mail:
Trauma Program Manager:	
Phone:	E-Mail:
Trauma Medical Director:	
Phone:	E-Mail
Emergency Department Medical Director:	
Phone:	E-Mail:
Emergency Department Nursing Director:	
Phone:	E-Mail:

B. Certification Statement

I, _____ (CEO/COO), on behalf of _____ (hospital), voluntarily agree to participate in the Idaho Time Sensitive Emergency system as a Level II Trauma Center. We will work with emergency medical services and other hospitals in our area to streamline triage and transport of trauma patients and participate in our Regional Time Sensitive Emergency Committee.

I certify that:

A. The information and documentation provided in this application is true and accurate.

B. The facility meets the State of Idaho criteria to be designated as a Level II Trauma Center.

C. We will participate in the Idaho TSE Registry; and

D. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of trauma service we have committed to in this application.

_____ _____
Chair, Governing Entity (Hospital Board) Date

_____ _____
Chief Executive Officer Date

_____ _____
Trauma Program Manager Date

_____ _____
Emergency Department Medical Director Date

C. Pre-Survey Questionnaire

Answer every question. If you require additional space, please include a separate sheet. Once complete, print and sign the application (Certification Statement). Label all attachments and place them in the "Attachments" section. Do not hesitate to contact the TSE program staff if you have any questions regarding your application. (208) 334-4904

1. Trauma System

Time Sensitive Emergencies (TSE)

1.1 Is your staff sufficiently involved in national, state, and regional trauma system planning, development and operation? ◯ Yes ◯ No

Explain:

Center Mission

1.2 Attach a copy of the current resolution supporting the trauma center from the medical staff. Label as "Attachment #1".

1.3 Attach a copy of the current resolution supporting the trauma center from the hospital board. Label as "Attachment #2".

1.4 Do you have sufficient infrastructure, staff, equipment, and support to the trauma program to provide adequate provision of care? ◯ Yes ◯ No

Explain:

1.5 Does your trauma program have adequate administrative support and defined lines of authority that ensure comprehensive evaluation of all aspects of trauma care? ◯ Yes ◯ No

Attach a copy of your organizational chart. Label as “Attachment #3.

Explain:

2. Description of Trauma Center

Description of the Trauma Center

2.1 Are all of your trauma facilities on the same campus? ◯ Yes ◯ No

2.2 Is your trauma program empowered to address issues that involve multiple disciplines? ◯ Yes ◯ No

Explain:

2.3 How many injured children (age 14 or less) do you admit or transfer annually? Provide figures for the previous two years.

Year	# of children admitted or transferred for injury

If either year was greater than 100, do you have:

A. A pediatric ED area? ◯ Yes ◯ No

B. A pediatric intensive care area? ◯ Yes ◯ No

C. Appropriate resuscitation equipment? ◯ Yes ◯ No

D. A pediatric-specific trauma PIPS program? ◯ Yes ◯ No

2.4 Explain how trauma patients can be referred to your center and what resources your center can provide.

2.5 Can you provide initial resuscitation of the trauma patient and immediate intervention to control hemorrhage and to assure maximum stabilization prior to referral to an appropriate higher level of care? ◯ Yes ◯ No

Explain:

Trauma Leadership

Trauma Medical Director

2.6 Do you have a Trauma Medical Director with the authority and administrative support to lead the program? ◯ Yes ◯ No

Attach a copy of the Trauma Medical Director job description. Label as "Attachment #4".

Explain:

2.7 Is your Trauma Medical Director a board-certified surgeon or an ACS Fellow? ◯ Yes ◯ No

Attach supporting documentation. Label as "Attachment #4".

2.8 Is your Trauma Medical Director current in ATLS? ◯ Yes ◯ No

2.9 Attach a list of the Trauma Medical Director's external trauma-related CME for the last three years.

Do you have supporting documentation ? ◯ Yes ◯ No

2.10 Does your Trauma Medical Director participate in trauma call? ◯ Yes ◯ No

Attach the trauma call schedules for the previous 3 months. Label as "Attachment #5".

2.11 Provide a copy of documents supporting your Trauma Medical Director's participation in regional or national trauma organizations. Label as "Attachment #6".

Note: If the job description for the Trauma Medical Director does not address the authorities and responsibilities listed in 2.11 - 2.22, attach supporting documentation. Label as "Attachment #7".

2.12 Does your Trauma Medical Director have sufficient authority to set qualifications for the trauma service members? ◯ Yes ◯ No

2.13 Does your Trauma Medical Director define and approve the roles of the emergency physicians and trauma surgeons? ◯ Yes ◯ No

Explain:

2.14 Does your Trauma Medical Director have the authority to correct deficiencies in trauma care and to exclude from trauma call the trauma team member who do not meet specified criteria? ◯ Yes ◯ No

Explain:

2.15 Does your Trauma Medical Director have the authority to recommend changes to the trauma team based on performance review? ◯ Yes ◯ No

Explain:

2.16 Does your Trauma Medical Director have the responsibility and authority to determine each general surgeon's ability to participate on the trauma team through the trauma PIPS program and hospital policy? ◯ Yes ◯ No

Explain:

2.17 Does your Trauma Medical Director have the responsibility and authority to ensure compliance with verification requirements? ◯ Yes ◯ No

Explain:

2.18 Is your Trauma Medical Director involved in the development of the center's bypass protocol. ◯ Yes ◯ No

Explain:

2.19 Does your Trauma Medical director document the dissemination of information to the PIPS committee?

◯ Yes ◯ No

Explain:

2.20 In circumstances when attendance is not mandated, does your Trauma Medical Director ensure and document the dissemination of information from the PIPS program? ◯ Yes ◯ No

Explain:

2.21 Does your Trauma Medical Director ensure and document the dissemination of information and findings from the TPOPPC to the noncore surgeons on the trauma team? ◯ Yes ◯ No

Explain:

2.22 Is your Trauma Medical Director accountable for all trauma care and does he/she exercise administrative authority for the trauma program? ◯ Yes ◯ No

Explain:

**Note: If the job description for the Trauma Medical Director does not address the authorities and responsibilities listed in 2.11 - 2.22, attach supporting documentation. Label as "Attachment #8".*

Trauma Program Manager

2.23 Does your Trauma Program Manager have clinical experience caring for injured patients?

Yes No

Attach a list of the Trauma Program Manager's trauma-related continuing education for the last 12 months. Label as "Attachment #9". Also attach a copy of the Trauma Program Manager job description. Label as "Attachment #10".

Explain:

3. Clinical Functions

3.1 Is the criteria for graded activation (priority level) clearly defined and continuously evaluated by the PIPS program? Yes No

Do you have supporting documentation? Yes No

3.2 Addressed in 3.1

3.3 Does the trauma service retain responsibility for its patients and does it coordinate all therapeutic decision? Yes No

Do you have supporting documentation? Yes No

3.4 Is the trauma surgeon kept informed of and does he/she concur with major therapeutic and management decisions made by the ICU team? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.5 Is there a method to identify injured patients, monitor the provision of health care services, make periodic rounds, and hold formal and informal discussions with individual practitioners?

◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.6 As the local trauma authority, do you provide training for pre-hospital and hospital based providers?

◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.7 Do you have established protocols to ensure immediate and appropriate care of the adult and pediatric trauma patient? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

Trauma Team

3.8 Do you define and annually review the criteria for all levels of trauma team activation?

◯ Yes ◯ No

Explain and be able to give examples.

3.9 Have all general surgeons, emergency physicians, and midlevel providers on the trauma team completed ATLS at least once? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.10 Do your trauma team members participate in PIPS and TPOPPC? ◯ Yes ◯ No

Explain:

3.11 Are your trauma team physicians and midlevel providers credentialed by the medical staff and governing board? ◯ Yes ◯ No

Explain:

Emergency Department

3.12 Does your ED have a designated Emergency Physician Director? ◯ Yes ◯ No

Is he/she supported by an appropriate number of additional physicians to ensure immediate care for injured patients? ◯ Yes ◯ No

3.13 Do emergency physicians cover in-house emergencies? ◯ Yes ◯ No

If yes, does the PIPS program demonstrate the efficacy of this practice? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.14 Does coverage of emergencies in the ICU leave the ED with appropriate physician coverage.

◯ Yes ◯ No

Explain:

3.15 Are all of your emergency physician's board-certified? ◯ Yes ◯ No

Do your physicians that are not board-certified meet the Alternate Pathway criteria?

◯ Yes ◯ No

Attach a table with the following headings: name of emergency physician, board-certification status, and Alternate Pathway status. Label as "Attachment #11".

3.16 Do you have ED physicians who are not board-certified? ◯ Yes ◯ No

If Yes, are they current in ATLS? ◯ Yes ◯ No

If yes, attach supporting documentation. Label as "Attachment #12".

3.17 Are the emergency physicians on the call panel regularly involved in the care of injured patients?

◯ Yes ◯ No

Explain:

3.18 Attach a table that includes: the name of each emergency provider that takes trauma call, the trauma related CME they have accrued in the last 3 years, or internal educational opportunities that they have participated in. Label as "Attachment #13".

3.19 Name of the emergency physician representative to PIPS:

Name of the emergency physician representative to TPOPPC:

3.20 Name of the emergency physician that participates in the pre-hospital PIPS program:

3.21 Attach a list of external trauma related CME for the previous three years for your emergency physician PIPS liaison. Label as "Attachment #14".

3.22 Does your emergency medicine representative or designee to the TPOPPC attend at least 50% of those meetings? ◯ Yes ◯ No

3.23 Is there a designated emergency physician available to the Trauma Medical Director for PIPS issues that occur in the ED? ◯ Yes ◯ No

Explain:

General Surgery

3.24 Do all of your trauma surgeons have privileges in general surgery? ◯ Yes ◯ No

3.25 Do your trauma surgeons:

A) Respond promptly to activations? ◯ Yes ◯ No

B) Remain knowledgeable in trauma care principles whether treating locally or transferring to a center with more resources? ◯ Yes ◯ No

C) Participate in PIPS activities? ◯ Yes ◯ No

3.26 Based on your answers in 2.3, did you admit or transfer more than 100 injured children (age 14 or less) in either of the last two years? ◯ Yes ◯ No

If yes, are your trauma surgeons credentialed for pediatric trauma care by the center's credentialing body? ◯ Yes ◯ No

3.27 Does you center provide general surgical coverage 24/7? ◯ Yes ◯ No

3.28 Is the on call trauma surgeon always dedicated to the trauma center while on duty? ◯ Yes ◯ No

Explain:

3.29 Attach a backup call schedule for trauma surgery for the previous three months. Label as "Attachment #15".

3.30 Are seriously injured patients admitted to or evaluated by an identifiable surgical service staffed by credentialed trauma providers? ◯ Yes ◯ No

Explain:

3.31 Is the trauma surgeon on site in the ED within 15 minutes of patient arrival 24/7 with an 80% achievement rate for the highest level of activation as monitored by the PIPS program?

◯ Yes ◯ No

3.32 Is your on call trauma surgeon involved in the decisions regarding diversion?

◯ Yes ◯ No

3.33 Is the trauma surgeon core group adequately defined by the Trauma Medical Director?

Yes No

Explain:

3.34 Does the general surgery core group take at least 60% of the total trauma call hours each month?

Yes No

Do you have supporting documentation? Yes No

3.35 Do the core trauma surgeons attend at least 50% of the PIPS meetings? Yes No

3.36 Attach a table that includes: the name of each trauma surgeon, the trauma related CME they have accrued in the last 3 years, or internal educational opportunities that they have participated in. Label as "Attachment #16".

3.37 Are all of your general surgeon's board-certified? Yes No

Do your physicians that are not board-certified meet the Alternate Pathway criteria?

Yes No

Attach a list of all of your general surgeons and whether they are board-certified or meet the Alternate Pathway. Label as "Attachment #17".

3.38 Are all of your trauma surgeons current in ATLS? ◯ Yes ◯ No

Attach supporting documentation, including the date of the most current ATLS completion. Label as "Attachment #18".

3.39 Does your trauma surgery core group attend at least 50% of TPOPPC meetings?

◯ Yes ◯ No

Orthopedic Surgery

3.40 Do you have orthopedic surgery available? ◯ Yes ◯ No

Explain:

3.41 Do all of your orthopedic surgeons have privileges in general orthopedic surgery?

◯ Yes ◯ No

3.42 Are all of your orthopedic surgeons board-certified? ◯ Yes ◯ No

If no, do those orthopedic surgeons meet the Alternate Pathway? ◯ Yes ◯ No

3.43 Is there orthopedic team dedicated call and a backup call system? ◯ Yes ◯ No

If no, attach documentation from the PIPS program that delays are not occurring. Label as "Attachment #19".

3.44 Is there an orthopedic team member present in the ED within 30 minutes of consultation by the surgical trauma team leader for multiple injured patients 24/7 with an 80% achievement rate?

Yes No

Do you have supporting documentation? Yes No

3.45 Attach a table that includes: the name of each participating orthopedic surgeon, the trauma related internal/external CME they have accrued in the last 3 years. Label as "Attachment #20".

3.46 Name of the orthopedic surgeon designated to PIPS and TPOPPC:

Does this designee attend at least 50% of these meetings? Yes No

3.47 Is the design of the backup call system the responsibility of the trauma team liaison?

Yes No

Has it been approved by the Trauma Medical Director? Yes No

3.48 Has the orthopedic PIPS liaison accrued and average of 16 hours annually or 48 hours of external trauma-related CME? Yes No

Do you have supporting documentation? Yes No

Neurosurgery

3.49 Are all of the neurosurgeons that care for trauma patients board-certified? Yes No

If no, do those neurosurgeons meet the Alternate Pathway? Yes No

3.50 Is neurotrauma care promptly and continuously available for severe traumatic brain injury and spinal cord injury and for less severe head and spine injuries when necessary? ◯ Yes ◯ No

Explain:

3.51 Are qualified neurosurgeons regularly involved in the care of head– and spinal-cord injured patients? ◯ Yes ◯ No

Are those neurosurgeons credentialed by the hospital with general neurosurgical privileges? ◯ Yes ◯ No

Explain:

3.52 Is an attending neurosurgeon present in the ED within 30 min. of consultation by the surgical trauma team leader for multiple injured patients 24/7 with an 80% achievement rate?

◯ Yes ◯ No

3.53 Do you have an on-call neurosurgical schedule with formally arranged contingency plans that can be fulfilled with a backup call schedule in case the capability of the neurosurgeon, hospital, or system to care for neurotrauma patients is overwhelmed? ◯ Yes ◯ No

Explain:

3.54 Attach a table that includes: the name of each neurosurgeon that takes trauma call, the trauma related CME they have accrued in the last 3 years. Label as “Attachment #21”.

3.55 Is there a dedicated neurosurgeon liaison that attends at least 50% of PIPS meetings?

◯ Yes ◯ No

3.56 Is there a dedicated neurosurgeon liaison that attends at least 50% of TPOPPC meetings?

◯ Yes ◯ No

3.57 Attach a list of the neurosurgeon liaison’s external trauma-related CME. Label as “Attachment #22".

Collaborative Clinical Services

Anesthesia

3.58 Are anesthesia services available 24/7? ◯ Yes ◯ No

3.59 Are anesthesia services on site within 15 minutes of notification for emergency operations and airway problems 24/7 with an 80% achievement rate as monitored by the PIPS program?

◯ Yes ◯ No

3.60 Are anesthesia services present for all operations? ◯ Yes ◯ No

3.61 Are anesthesia services promptly available for airway problems.? ◯ Yes ◯ No

Explain:

3.62 Have all of the anesthesiologists taking call successfully completed a residency program?

◯ Yes ◯ No

Attach a list of the anesthesiologist taking trauma call, the name of the facility where they completed their residency, and the date it was completed (month and year). Label as “Attachment #23”.

3.63 Are CRNAs taking trauma call? ◯ Yes ◯ No

If yes, is the anesthesiologist on call advised, promptly available at all time, and present for all operations if requested by the CRNA? ◯ Yes ◯ No

Explain:

3.64 Is an anesthesiologist designated to the PIPS and TPOPPC? ◯ Yes ◯ No

Does he/she attend at least 50% of these meetings? ◯ Yes ◯ No

Operating Room (OR)

3.65 Is the OR adequately staffed and immediately available? ◯ Yes ◯ No

Explain:

3.66 Are operating rooms promptly available to allow for emergency operations on musculoskeletal injuries, such as open fracture debridement and stabilization, and compartment decompression.

◯ Yes ◯ No

Explain:

3.67 Is there a mechanism for providing additional staff for a second operating room when the first operating room is occupied?

◯ Yes ◯ No

Explain:

3.68 Does the OR have:

A. Rapid infusers? ◯ Yes ◯ No

B. Thermal control equipment for patients and resuscitation fluids? ◯ Yes ◯ No

C. Intraoperative radiologic capabilities? ◯ Yes ◯ No

D. Equipment for fracture fixation? ◯ Yes ◯ No

E. Equipment for endoscopic evaluation (bronchoscopy and gastrointestinal endoscopy)? ◯ Yes ◯ No

F. Equipment necessary for craniotomy? ◯ Yes ◯ No

G. Cardiopulmonary bypass available 24/7? ◯ Yes ◯ No

H. An operating microscope available 24/7? ◯ Yes ◯ No

3.69 Is there a mechanism to ensure OR availability without undue delay for patients with semi urgent orthopedic injuries? ◯ Yes ◯ No

Explain:

3.70 Is there a mechanism for documenting trauma surgeon presence in the OR for all trauma operations?

Yes No

Explain:

Post-Anesthesia Care Unit (PACU)

3.71 Does the PACU have the necessary equipment to monitor and resuscitate patients (See list on page XX).

Yes No

3.72 Does the PACU have qualified nurses available 24/7 as needed during the patient's post anesthesia recovery phase?

Yes No

3.73 Is the PACU covered by a call team from home?

Yes No

If yes, does the PIPS program document that nurses are available and delays are not occurring?

Yes No

Explain:

Radiology

3.74 Are conventional radiography and CT available 24/7? ◯ Yes ◯ No

3.75 Is there MRI capability available 24/7? ◯ Yes ◯ No

3.76 Are conventional catheter angiography and sonography available 24/7? ◯ Yes ◯ No

3.77 Is there an in-house CT technologist 24/7? ◯ Yes ◯ No

If no, does the PIPS program document response time? ◯ Yes ◯ No

3.78 Does the center have staff available on site or via telemedicine within 30 minutes of notification for the interpretation of radiographs 27/7 with an 80% achievement rate. ◯ Yes ◯ No

3.79 Does the center have staff available on site within 30 minutes of notification for the performance of complex imaging studies and interventional procedures 24/7 with an 80% achievement rate?

◯ Yes ◯ No

3.80 Is critical information verbally communicated to the trauma team? ◯ Yes ◯ No

Explain:

3.81 Is diagnostic information communicated in a written form and in a timely manner?

Yes No

Explain:

3.82 Are addendums to initial interpretation monitored by the PIPS program? Yes No

Explain:

3.83 Do final reports accurately reflect communications, including changes between preliminary and final interpretations? ◯ Yes ◯ No

Explain:

3.84 Do you have policies designed to ensure that trauma patients who may require resuscitation and monitoring are accompanied by appropriately trained providers during transportation to and while in the radiology department? ◯ Yes ◯ No

3.85 Is a radiologist designated to PIPS and TPOPPC? ◯ Yes ◯ No

Does he/she attend at least 50% of these meetings? ◯ Yes ◯ No

Intensive Care Unit (ICU)

3.86 Does the ICU have the necessary equipment to monitor and resuscitate patients (See list on page XX)? ◯ Yes ◯ No

3.87 Is intracranial pressure monitoring equipment available in the ICU? ◯ Yes ◯ No

3.88 Is a qualified nurse available 24/7 to provide care during the ICU phase? ◯ Yes ◯ No

3.89 Does the patient:nurse ratio exceed 2:1 for critically ill patients in the ICU? ◯ Yes ◯ No

3.90 Do you have physician coverage in house within 15 minutes of notification? ◯ Yes ◯ No

3.91 Is physician coverage of critically ill trauma patients available 24/7? ◯ Yes ◯ No

3.92 Do physicians covering critically ill trauma patients respond rapidly to urgent problems as they arise?
◯ Yes ◯ No

Explain:

3.93 Does the trauma surgeon remain in charge of trauma patients in the ICU? ◯ Yes ◯ No

Explain:

3.94 Is the trauma surgeon kept informed of and concurs with major therapeutic and management decisions made by the ICU team? ◯ Yes ◯ No

Explain:

3.95 Do you have a surgical director or co-director for the ICU who is responsible for setting policies and administration related to trauma ICU patients? ◯ Yes ◯ No

Explain:

3.96 Did the surgical director of the ICU obtain critical care training during residency or fellowship and does he/she have expertise in perioperative and post-injury care of injured patients?

Yes No

Explain:

Other Surgical Specialists

3.97 Do you have the following surgical specialists:

A. Orthopedic surgery? Yes No

B. Neurosurgery? Yes No

C. Cardiac surgery? Yes No

D. Thoracic surgery? Yes No

E. Hand surgery? Yes No

F. Plastic Surgery? Yes No

G. Obstetric and gynecological surgery? Yes No

H. Ophthalmology? Yes No

I. Otolaryngology? Yes No

J. Urology? Yes No

Medical Consultants

3.98 Do you have specialty consultations available for problems related to internal medicine, pulmonary medicine, cardiology, gastroenterology, and infectious disease?

◯ Yes ◯ No

Explain:

Respiratory Therapy

3.99 Do you have a respiratory therapist available to care for trauma patients 24/7?

◯ Yes ◯ No

Laboratory

3.100 Are laboratory services available 24/7 for the standard analysis of blood, urine, and other body fluids, including microsampling when appropriate? ◯ Yes ◯ No

Attach supporting documentation from Department Head. Label as “Attachment #24”.

3.101 Do you have the capability for coagulation studies, blood gases, and microbiology?

◯ Yes ◯ No

3.102 Is the blood bank capable of blood typing and cross-matching? ◯ Yes ◯ No

3.103 Does the blood bank have an adequate amount of red blood cells, fresh frozen plasma, platelets, cryoprecipitate, or appropriate coagulation factors to meet the needs of injured patients?

◯ Yes ◯ No

Nutrition

3.104 Are nutrition support services available? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

Social Services

3.105 Do you have social services? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.106 Do you screen all trauma patients for alcohol use? ◯ Yes ◯ No

Do you provide a brief intervention if appropriate? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

Dialysis

3.107 Do you have dialysis capabilities? ◯ Yes ◯ No

If no, do you have a transfer agreement with a facility that has dialysis capabilities?

◯ Yes ◯ No

Rehabilitation

3.108 Do you provide the following rehabilitation consulting services during the acute phase of care:

A. Occupational therapy? ◯ Yes ◯ No

B. Speech Therapy? ◯ Yes ◯ No

C. Physical therapy? ◯ Yes ◯ No

D. Social services? ◯ Yes ◯ No

3.109 Do you have rehabilitation services within the facility? ◯ Yes ◯ No

If no, do you have a transfer agreement with a freestanding rehabilitation hospital?
◯ Yes ◯ No

4. Prehospital Trauma Care

4.1 Does your trauma program participate in prehospital care protocol development and the PIPS program?
◯ Yes ◯ No

Explain:

5. Interhospital Transfer

5.1 Is your decision to transfer an injured patient to a specialty care facility in an acute situation based solely on the needs of the patient? ◯ Yes ◯ No

Attach supporting documentation. Label as “Attachment #25”.

5.2 Are there transfer protocols in place with higher level trauma centers as well as specialty referral centers (e.g. burn, pediatric, and rehabilitation centers)? ◯ Yes ◯ No

Attach a list of protocols and/or agreements. Label as “Attachment #26”.

5.3 Is there a mechanism for direct physician-to-physician contact for arranging patient transfer?

Yes No

Explain:

5.4 Do you have in place written protocols with a referral burn center? Yes No

Attach a list of transfer protocols. Label as “Attachment #27”.

5.5 Do you have guidelines for addressing which patients (including pediatric patients) should be transferred and the safe transport of those patients? Yes No

Attach supporting documentation. Label as “Attachment #28”.

6. PIPS

6.1 Do you have a clearly defined PIPS program for the trauma population?

Yes No

Explain:

6.2 Is the PIPS program supported by a reliable method of data collection that consistently gathers valid and objective information necessary to identify opportunities for improvement?

Yes No

Explain:

6.3 Are system and process issues (such as documentation and communication), clinical care issues (including identification and treatment of immediate life-threatening injuries), and transfer decision reviewed by the PIPS program? ◯ Yes ◯ No

Explain:

6.4 Do you use a risk stratified benchmarking system to measure performance and outcomes? ◯ Yes ◯ No

Explain:

6.5 Do you use clinical practice guidelines, protocols, and algorithms derived from evidence-based validation resources to achieve benchmark goals? ◯ Yes ◯ No

Explain:

6.6 Are all process and outcome measures documented in a written plan and updated annually? ◯ Yes ◯ No

Explain:

6.7 Can you demonstrate a clearly defined PIPS program for the trauma population?

Yes No

Are all process and outcome measures documented in a written PIPS plan and updated annually.

Yes No

6.8 Does the process of analysis occur at regular intervals to meet the needs of the program?

Yes No

6.9 Does the process of analysis include multidisciplinary review? Yes No

Attach a list of the disciplines represented on the PIPS committee. Label as “Attachment #29”.

6.10 Does the process demonstrate problem resolution (loop closure)? Yes No

Explain:

6.11 Are you able to separately identify the trauma patient population for review?

Yes No

6.12 Does the PIPS program have audit filters to review and improve pediatric and adult patient care?

Yes No

Attach a list of the audit filters. Label as “Attachment #30”.

6.13 Do you use the registry to support the PIPS program? Yes No

Explain:

6.14 Are deaths categorized as unanticipated mortality with opportunity for improvement, anticipated mortality with opportunity for improvement, or mortality without opportunity for improvement?

Yes No

6.15 Does the PIPS program review the organ donation rate? ◯ Yes ◯ No

Explain:

6.16 Does the PIPS program have defined conditions requiring the surgeon's immediate hospital presence? ◯ Yes ◯ No

Attach supporting documentation. Label as "Attachment #31".

6.17 Does the PIPS program ensure that the PACU has the necessary equipment to monitor and resuscitate patients? ◯ Yes ◯ No

Explain:

6.18 Are all trauma team activations categorized by the priority of response and quantified by number and percentage? ◯ Yes ◯ No

6.19 Does the PIPS program work with receiving facilities to provide and obtain feedback on all transferred patients? ◯ Yes ◯ No

Explain:

6.20 Does the PIPS program evaluate OR availability and delays when an on-call team is used? ◯ Yes ◯ No

Explain:

6.21 Does the PIPS program document the appropriate timeliness of the arrival of the MRI technologist?

◯ Yes ◯ No

Explain:

6.22 Does the PIPS program document the availability of the anesthesia services and the absence of delays in airway control or operations?

◯ Yes ◯ No

Explain:

6.23 Is the trauma surgeon's presence in the ED for highest level activations (15 minutes with an 80% achievement rate) confirmed and monitored by the PIPS program?

◯ Yes ◯ No

Attach supporting documentation. Label as "Attachment #32".

6.24 Does your program admit more than 10% of injured patients to nonsurgical services?

Yes No

If yes, does the PIPS program demonstrate the appropriateness of that practice?

Yes No

Attach supporting documentation. Label as “Attachment #33”.

6.25 Does your trauma center treat injured children? Yes No

If yes, is the care of injured children reviewed through the PIPS program?

Yes No

Explain:

6.26 Are transfers to a higher level of care reviewed to determine the rationale for transfer, adverse outcomes, and opportunities for improvement? Yes No

Explain:

6.27 Does your PIPS program document that timely and appropriate care and coverage are being provided in the ICU? ◯ Yes ◯ No

Explain:

6.28 Does your PIPS program review transfers to ensure appropriateness? ◯ Yes ◯ No

Explain:

6.29 Does your PIPS program review the appropriateness of the decision to transfer or retain major orthopedic trauma? ◯ Yes ◯ No

Explain:

6.30 Is there a PIPS review of all neurotrauma patients who are diverted or transferred? ◯ Yes ◯ No

Explain:

6.31 Are the results of analysis documented and do they define corrective strategies?

Yes No

Explain:

6.32 Do you have a system to notify dispatch and EMS agencies when on divert status?

Yes No

Attach a copy of your divert policy. Label as “Attachment #34”.

7. TPOPPC

7.1 Do you have a TPOPPC? Yes No

Is the TPOPPC multidisciplinary? Yes No

Does the TPOPPC address, assess and correct global trauma and system issues? Yes No

Does the TPOPPC:

A. Handle process? Yes No

B. Meet regularly? Yes No

C. Take attendance? Yes No

D. Have minutes? Yes No

E. Work to correct all overall program deficiencies to continue to optimize patient care: Yes No

7.2 Does your TPOPPC require attendance for medical staff active in trauma resuscitation to review systemic and care provider issues, as well as propose improvements to car of the injured?

Yes No

Explain:

7.3 Does your TPOPPC have participation from:

A. General surgery? Yes No

B. Orthopedic surgery? Yes No

C. Neurosurgery? Yes No

D. Emergency medicine? Yes No

E. Anesthesia? Yes No

7.4 Is your TPOPPC chaired by the Trauma Program Medical Director or designee?

Yes No

7.5 Do identified problem trends undergo multidisciplinary peer review by the TPOPPC?

Yes No

7.6 Is there documentation reflecting the review of operational issues and, when appropriate, the analysis and proposed corrective actions? ◯ Yes ◯ No

Explain:

8. TSE Registry

8.1 Is trauma registry data collected, analyzed, and used to support the PIPS program? ◯ Yes ◯ No

Explain:

8.2 Is your trauma data submitted to the TSE Registry (Idaho Trauma Registry) within 180 days of treatment at least 80% of the time? ◯ Yes ◯ No

Attach a letter from the TSE Registry (Idaho Trauma Registry) supporting your answer. Label as "Attachment #35".

8.3 Do you have a process in place to verify that TSE Registry data is accurate and valid?

◯ Yes ◯ No

Explain:

8.4 Does your trauma program ensure that registry data confidentiality measures are in place.

◯ Yes ◯ No

Explain:

9. Outreach & Education

9.1 Is your center engaged in public and professional education? ◯ Yes ◯ No

Attach a list of public and professional educational opportunities. Label as “Attachment #36”.

9.2 Do you provide a mechanism for trauma-related education for nurses involved in trauma care?

◯ Yes ◯ No

Explain:

10. Prevention

10.1 Do you participate in injury prevention? ◯ Yes ◯ No

Attach supporting documentation for all activities in the past 12 months. Label as “Attachment #37”.

10.2 Do you have a prevention coordinator with a job description and salary support?

◯ Yes ◯ No

Attach a copy of the job description. Label as “Attachment #38.”

10.3 Do you base injury prevention activities on local data? ◯ Yes ◯ No

Explain:

10.4 Can you demonstrate collaboration with or participation in national, regional, or state injury prevention programs? ◯ Yes ◯ No

Explain:

11. Disaster Planning and Management

11.1 Do you meet the disaster-related requirements of the Joint Commission? ◯ Yes ◯ No

Attach supporting documentation. Label as “Attachment #39”.

11.2 Is a trauma surgeon a member of your disaster committee? ◯ Yes ◯ No

11.3 Do you perform drills that test your hospital’s disaster plan that are conducted at least every 6 months?

◯ Yes ◯ No

Attach supporting documentation. Label as “Attachment #40.”

11.4 Do you have a disaster plan that is described in your Disaster Manual? ◯ Yes ◯ No

Explain:

12. Organ Procurement

12.1 Do you have an established relationship with a recognized organ procurement organization?

Yes No

Explain:

12.2 Do you have written policies for triggering notification of the organ procurement organization?

Yes No

12.3 Do you have written protocols for the declaration of brain death? Yes No

Trauma Triage Guidelines

These guidelines were approved for statewide use by the Idaho Time Sensitive Emergency Council on July 14, 2015.

Priority 1

- SBP of 90 or less, respiratory rate <10 or >30
- Tachycardia HR >130 AND meet Priority 2 criteria
- Age specific hypotension in children
  - <70mmHg + 2 x age)
  - HR > 200 or < 60
- Respiratory compromise/obstruction
- Intubation
- Inter-facility transfer patients receiving blood to maintain vital signs
- GCS 8 or less with mechanism attributed to trauma
- Major limb amputation
- Pregnancy >20 weeks gestation with leaking fluid or bleeding or abdominal pain that also meets Priority 3 criteria
- Open skull fracture
- Paralysis of an extremity
- Penetrating injury to abdomen, head, neck, chest or proximal limbs including the knee and elbow
- Emergency MD Discretion

Priority 2

- GCS 9 to 13
- Chest tube/ needle thoracotomy
- Pelvic fracture (suspected)
- Two obvious long bone fractures (femur/ humerus)
- Flail chest
- Near drowning
- Ejection from ENCLOSED vehicle
- Burns > 20% BSA OR involvement of face, airway, hands, or genitalia
- Sensory deficit of an extremity

Priority 3

- Death of same car occupant
- Extrication time > 20 minutes
- Fall 2 x patient's height
- Auto vs. bike OR auto vs. pedestrian
- Non-enclosed wheeled or mechanized transport > 20 mph
- Horse ejection or rollover
- 12" intrusion into occupant space or vehicle
- "Star" any window or windshield
- Rollover
- Broken/bent steering wheel
- Trauma mechanism w/ change in LOC
- Amputation of one or more digits
- 10-20% TBSA (second or third degree)

Additional Resources

Links to Additional Resources

American Burn Association: www.ameriburn.org

American College of Surgeons – Committee on Trauma: http://facs.org/trauma/index.html

American Trauma Society: www.amtrauma.org

Association for the Advancement of Automotive Medicine: http://aaam.org/

Centers for Disease Control & Prevention, Guidelines for the Field Triage for the Injured Patient: http://www.cdc.gov/FieldTriage/

Eastern Association for the Surgery of Trauma: http://www.east.org/resources/treatment-guidelines/triage-of-the-trauma-patient

Emergency Nurses Association: www.ena.org

Resources for the Optimal Care of the Injured Patient 2006:

https://web4.facs.org/ebusiness/ProductCatalog/ProductCategory.aspx?id=26

Society of Trauma Nurses: http://www.traumanurses.org/

Joint Commission Emergency Management http://www.jointcommission.org/emergency_management.aspx